

6-19-01

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JC971 U.S. PTO

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Certificate of Mailing

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Mary Rose Scozzafava

Printed name of person mailing correspondence

Mary Rose Scozzafava
Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	112284.121
Applicant	Dov Tamarkin et al
Title	SYNTHETIC FAT COMPOSITIONS

PRIORITY INFORMATION:

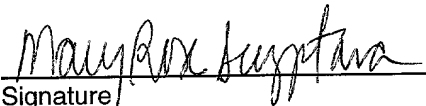
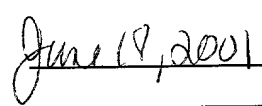
None

SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	[1] pages
Specification	[25] pages
Claims	[6] pages
Abstract	[1] pages
Drawing	[0] sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[2] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	[**] pages

Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710/\$355	\$355
Excess Claims Fee: [**TOTAL**] - 20 x \$18/\$9	\$242
Excess Independent Claims Fee: [**TOTAL**] - 3 x \$80/\$40	\$ 480
Multiple Dependent Claims Fee: \$270/\$135	\$00
Total Fees:	\$1078
<input type="checkbox"/> Enclosed is a check for [**AMOUNT**] to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 08-0219	
CORRESPONDENCE ADDRESS:	
Mary Rose Scozzafava Reg. No. 36,268 Hale and Dorr LLP 60 State Street Boston, MA 02109 <div style="text-align: right;"> Telephone: 617-526-6000 Facsimile: 617-526-5000 </div>	
CUSTOMER NO: 23483	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div>  Date </div> </div>	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
1078

Complete if Known

Application Number	
Filing Date	6/18/2001
First Named Inventor	Dov Tamarkin et al
Examiner Name	
Group Art Unit	
Attorney Docket No.	112284-12/

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number 08-0219

Deposit Account Name Hale and Dorr

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)
355

2. EXTRA CLAIM FEES

Total Claims 47 - 20** = 27 x 9 = 243

Independent Claims 15 - 3** = 12 x 40 = 480

Multiple Dependent 0 = 0

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)
723

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type) Mary Rose Scozzafava, Ph.D.

Registration No. (Attorney/Agent)

36.268

Complete (if applicable)

Telephone (617) 526 - 6000

Signature

Mary Rose Scozzafava

Date

June 18, 2001

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.